Personalised Physiotherapy Aged Care | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/aged-care/aged-care-physiotherapy/

Details:

Aged care physiotherapy helps older Australians move better and hurt less: rebuilding strength after a hospital stay, improving balance so a fall does not happen again, managing pain from arthritis and other long-term conditions, and keeping people mobile enough to stay at home. It is funded through aged care programs, not the NDIS. The main program is Support at Home , which replaced the Home Care Packages Program on 1 November 2025. Access begins with an aged care assessment through My Aged Care on 1800 200 422 . To talk to Bloom Healthcare, call 1300 771 465 or email hello@bloom-healthcare.com.au .

This page sets out the funding rules, the pathways after a hospital admission, what a course of physiotherapy actually looks like, and when to see a physiotherapist rather than another allied health professional.

Who is eligible

Government-funded aged care in Australia is based on age plus assessed need.

65 years and over for the general population

50 years and over for Aboriginal and Torres Strait Islander people

50 years and over for people experiencing homelessness or at risk of it

You also have to show a genuine need for support: help with daily tasks, mobility, health or wellbeing because of ageing, disability or a medical condition. That is decided by an aged care assessment, not by the physiotherapist.

The NDIS is the primary scheme for people under 65 with a permanent and significant disability. Someone under 65 may still access aged care services where NDIS support is not suitable for their needs, and in rare exceptional cases someone over 65 may access the NDIS where aged care is not appropriate. If you are already an NDIS participant when you turn 65, you are not automatically moved to Support at Home; your NDIS-funded services continue.

How aged care physiotherapy is funded

Support at Home and the Clinical Supports category

Support at Home commenced on 1 July 2025 and was fully implemented on 1 November 2025 alongside the Aged Care Act 2024. It replaced the Home Care Packages Program and the Short-Term Restorative Care Programme.

Services sit in one of three categories:

Clinical Supports — physiotherapy, occupational therapy and nursing sit here. These are fully funded by the Australian Government at 100%.

Independence Services — a participant contribution may apply depending on your financial circumstances.

Everyday Living Services — a participant contribution may apply depending on your financial circumstances.

The program uses 8 ongoing funding classifications rather than the old four package levels, plus 3 short-term pathways and 4 transitioned Home Care Package classifications . Budgets are set quarterly and can be adjusted as your needs change, which matters for physiotherapy because need after a fall or a hospital admission tends to spike and then settle.

The Restorative Care Pathway

One of the three short-term pathways is the Restorative Care Pathway . It is designed for people who need focused, time-limited support to regain function and independence, and to slow or reverse difficulties associated with ageing. It is the pathway most relevant to physiotherapy, because a block of intensive work after an illness, injury or period of reduced activity is exactly what it is built for.

Support at Home also includes Hospital Recovery Support , which provides restorative care services to help someone regain independence after a hospital stay. If you or a family member is being discharged and is weaker than before, this is the specific thing to ask the discharge planner and My Aged Care about.

The other two short-term pathways are the End-of-Life Pathway and the Assistive Technology and Home Modifications (AT-HM) Pathway . Physiotherapists, along with occupational therapists, assess and prescribe under AT-HM, particularly for equipment related to mobility, balance and falls.

If you are not on Support at Home

The Commonwealth Home Support Programme (CHSP) continues to operate separately and will not transition to Support at Home before 1 July 2027.

Medicare Chronic Disease Management plans can fund a limited number of rebated allied health sessions per calendar year, commonly up to five. Your GP decides whether you are eligible and writes the plan. Medicare rebates generally do not cover the full cost, so a gap payment applies.

Department of Veterans' Affairs funding is another stream for eligible veterans. Check with DVA, and confirm with Bloom on 1300 771 465 whether it applies to the service you need.

Private payment or private health insurance remains an option for anyone not covered by a government program.

The "no worse off" principle

If you were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024, the Government applied a "no worse off" principle: you pay the same or less in contributions under Support at Home than you would have under the old arrangements.

On costs

Bloom's fees, cancellation terms and travel arrangements are set out in your service agreement. Contribution amounts depend on your own financial assessment. Do not plan around a number you found online. Call 1300 771 465 and ask, or check your support plan.

What aged care physiotherapy covers

Bloom's aged care physiotherapy service includes:

Pain management

Falls prevention

Improved mobility

Massage

Hydrotherapy

Equipment prescription

Functional capacity evaluations

Daily living skills support

Stroke and neurological therapies

Building energy levels

Strength, balance and walking

These three are the core of the work.

Strength. Physiotherapists design exercise programs that build muscle and support stability. In older adults these are often simple, low-equipment movements such as leg lifts, seated marches and wall push-ups, which improve strength and circulation. Strength work is a critical part of falls prevention, not a separate fitness goal.

Balance. Targeted exercises such as standing on one leg and heel-to-toe walking improve stability and reaction times.

Gait training. Improving the walking pattern itself reduces discomfort and lowers fall risk, and includes training in the safe use of a walking aid where one is needed.

Falls prevention

Falls are among the leading causes of injury in older adults, and many are preventable. A physiotherapist approaches it in three parts:

Identify the risk factors. Assessment of balance, gait and muscle strength, picking up specific contributors such as weak quadriceps or impaired vision.

Target them. Balance training and strengthening exercises, delivered as a program rather than a one-off session.

Change the environment. Recommendations such as removing loose rugs, adding grab rails, or improving lighting.

The environmental side overlaps with occupational therapy, and for a person at real risk of falling both disciplines usually work together rather than one substituting for the other.

Pain and long-term conditions

Physiotherapists use manual therapy including massage and joint mobilisation, heat therapy, ultrasound, and tailored exercise plans to reduce pain so that daily activity becomes possible again.

For specific conditions common in later life:

Arthritis and joint pain — reducing stiffness through joint mobilisation and strengthening exercise

Cardiovascular and pulmonary conditions — programs aimed at cardiovascular fitness and breathing efficiency

Post-stroke recovery — improving mobility and coordination

Parkinson's disease — improving mobility, reducing rigidity and enhancing coordination

Osteoporosis — strength and balance work as part of reducing fracture risk from falls

This is a description of what the discipline treats, not advice about your own condition. What is right for you comes out of your assessment and your treating team.

Hydrotherapy

Hydrotherapy is therapeutic exercise in warm water. Buoyancy takes weight off the joints, which creates a low-impact environment for people who cannot yet tolerate the same work on land. Bloom delivers it through tailored care plans, and it is used to improve upper and lower limb mobility, build strength while the water supports body weight, increase range of motion, reduce pain, and support weight management by reducing joint stress during exercise. It suits people with arthritis and joint pain, and people with limited mobility who need a starting point.

What physiotherapy does not do

It does not replace medical care. Physiotherapists do not diagnose medical conditions or prescribe medication.

It does not provide personal care such as showering or dressing assistance.

It does not decide your funding. The My Aged Care assessment sets your classification and budget.

It does not pay for equipment out of the therapy budget. Equipment and home modifications run through the separate AT-HM pathway.

It is not open-ended by default. Most courses of physiotherapy are a defined block with a review point, not an indefinite booking.

How it works, step by step

Step 1 — Register with My Aged Care. Online at myagedcare.gov.au, or call 1800 200 422 .

Step 2 — Get assessed. My Aged Care refers you to an Aged Care Assessment Team (ACAT), an Aged Care Assessment Service (ACAS) in Victoria, or a Regional Assessment Service (RAS). Under the Single Assessment Process this is one comprehensive assessment covering physical health, emotional wellbeing and social needs, instead of separate assessments for separate programs. You no longer need a reassessment simply to move between care levels.

Step 3 — Receive your support plan setting out the services that suit your situation, then choose your providers.

Step 4 — Refer to Bloom. Use the referral form , call 1300 771 465 , or email hello@bloom-healthcare.com.au . Include the person's age, the main concerns, any existing reports, relevant medical history, priorities and goals, and the best contact details. Family members, carers, GPs, support coordinators and home care providers can all refer, and you can refer yourself.

Step 5 — Bloom responds within 24 hours of receiving the referral. The referral is triaged by the operations manager and allocated to a clinician based on capacity, area of interest, location and any identified risks.

Step 6 — The clinician confirms your delivery preference (in-home, community, telehealth, or clinic where available), checks whether interpreting services are needed, and books the first appointment. You get a confirmation and a reminder the day before.

Step 7 — Initial assessment. An introduction, a review of your goals and history, a movement assessment, and a goal-led plan built from that assessment.

Step 8 — Treatment block and home program. Treatment may include manual therapy such as massage and joint mobilisation, therapeutic exercise for strength, coordination and flexibility, balance and gait training, dry needling or taping, pain management techniques such as heat therapy and ultrasound, and education on posture, body mechanics and pacing.

You are also given a home program to do between sessions. This matters more than most people expect. The gains come from what you do on the days the physiotherapist is not there.

How many sessions. Many people do well with a time-limited block, for example six to twelve sessions, plus a home program and a review point. People with higher complexity and reduced functional capacity may need weekly sessions. The actual number comes out of your assessment and your budget, so treat any figure as a typical pattern rather than a promise.

Evidence and documentation

Therapy plans set out functional outcomes, goals, strategies and implementation methods, including the frequency, duration and location of sessions.

Functional capacity evaluations assess current abilities across mobility, independence and daily living activities, identify strengths and limitations, and make recommendations about daily living requirements and living arrangements. These often carry weight in decisions about whether someone can safely remain at home.

Equipment recommendations carry the clinical justification for why a specific mobility aid or piece of equipment is needed.

Case notes record every contact, documents sent and received, travel and billing detail, and internal file reviews. They are completed within 24 hours of the service.

Before a report is written, your clinician confirms with you (or your nominee or carer) and with your home care provider whether a report is needed, what it is for and what type it should be, so it is fit for purpose. Reports go out by email as PDFs.

When to see a physiotherapist, and when to see someone else

See a physiotherapist if you have pain or an injury such as back pain, a muscle strain or a joint problem; you need rehabilitation after surgery such as a knee or hip replacement; you have had a recent fall or an acute problem; you need help with mobility, strength and balance to prevent falls; or you are recovering from a stroke or an operation.

See an exercise physiologist if you are managing a long-term condition such as diabetes, hypertension or osteoporosis that needs ongoing exercise management, you want to build long-term strength beyond acute recovery, or you are managing a progressive condition such as Parkinson's disease or multiple sclerosis. Exercise physiology is exercise-based and does not include hands-on manual therapy.

See an occupational therapist if the problem is the daily task rather than the body: difficulty dressing, bathing or preparing meals; a home that needs modification; or a need for assistive technology and adaptive strategies.

These often run together. A common sequence after a knee injury is physiotherapy first to settle pain and restore range of motion, an exercise physiologist afterwards to build lasting strength, and an occupational therapist alongside both to get the home and the daily routine working.

Aged care physiotherapy vs NDIS physiotherapy. The clinical work is similar; the funding is not. Under the NDIS, physiotherapy is claimed through capacity building categories. Under Support at Home it is a Clinical Support fully funded by the Government, with equipment on the separate AT-HM pathway.

Advice written for NDIS participants does not transfer to your aged care funding.

Where you can get this service

Bloom's primary delivery method is in the community: your home, a day program, or another everyday setting. Home-based physiotherapy suits people who find travel difficult and lets the therapist see the stairs, the bathroom and the walking surfaces that are actually causing problems. Telehealth is available, and clinic appointments are offered on a case-by-case basis.

Bloom's physiotherapists work across New South Wales, Victoria, Queensland, South Australia, Western Australia, Tasmania and the Australian Capital Territory. See all locations for the suburbs and regions covered in each state.

A plain-English easy read guide to physiotherapy is available to download.

To start: call 1300 771 465 , email hello@bloom-healthcare.com.au , use the referral form , or contact us .

Common questions about aged care physiotherapy

Is aged care physiotherapy free?

Physiotherapy sits in Clinical Supports under Support at Home, and Clinical Supports are fully funded by the Australian Government. Independence Services and Everyday Living Services may attract a contribution depending on your financial circumstances. What applies to you depends on your assessment and support plan. Check your plan or call Bloom on 1300 771 465.

Mum is coming out of hospital next week and is much weaker. What do we ask for?

Ask the discharge planner and My Aged Care about the Restorative Care Pathway and Hospital Recovery Support under Support at Home. Both are built for exactly this: short-term, focused work to get function back after a hospital stay. Then call Bloom on 1300 771 465 to talk about how quickly a physiotherapist can start in her area.

How many sessions will I need?

Many people have a time-limited block, for example six to twelve sessions, with a home program and a review point at the end. People with higher complexity and lower functional capacity may need weekly sessions. Your assessment and budget decide the actual number.

Do I need a GP referral?

Not to contact Bloom. For government-funded aged care you need an aged care assessment first, arranged through My Aged Care on 1800 200 422. If you are going down the Medicare Chronic Disease Management route instead, your GP has to write the plan.

Can I get physiotherapy at home?

Yes. In-home and community delivery is Bloom's primary method, and telehealth is available. Clinic appointments are offered case by case, so ask when you enquire.

Can physiotherapy really stop me falling?

Falls prevention programs combine balance training, strength exercises and home safety assessment, and many falls are preventable. No one can promise you will not fall. What a physiotherapist can do is find the specific risk factors that apply to you, such as weak quadriceps or an unsafe walking pattern, and work on them.

What about arthritis? Will exercise make it worse?

Physiotherapy for arthritis and joint pain reduces stiffness using joint mobilisation and strengthening exercise, and hydrotherapy in warm water is often used where land-based exercise is too painful to start with. Your program is set by a physiotherapist after assessing you, not from a general guide.

Who pays for my walker or my rails?

Equipment and home modifications are funded through the Assistive Technology and Home Modifications pathway under Support at Home, not out of your therapy sessions. Physiotherapists and occupational therapists are the professionals who assess and prescribe, particularly for mobility and balance equipment.

Is hydrotherapy included?

Hydrotherapy is part of Bloom's physiotherapy service and is delivered through tailored care plans. Whether it suits you and whether a suitable pool is available in your area is worth asking about on 1300 771 465 before you plan around it.

I am on a Home Care Package. What happened to it?

Support at Home replaced the Home Care Packages Program on 1 November 2025, and there are four transitioned Home Care Package classifications for people who were already on a package. If you were receiving, waiting for, or assessed as eligible for a package on or before 12 September 2024, the "no worse off" principle means your contributions are the same or less than under the old system. Your provider can tell you which classification you moved to.

I have not been assessed for aged care at all. Can I still see a physiotherapist?

Yes, through other routes. A Medicare Chronic Disease Management plan from your GP can fund a limited number of rebated allied health sessions per calendar year, commonly up to five, with a gap payment because the rebate does not cover the full fee. Eligible veterans may have DVA funding. Private payment is also possible. If you think you may be eligible for aged care, register with My Aged Care on 1800 200 422 as well, because the assessment takes time.

What will I get in writing?

A therapy plan with your goals, strategies, and the frequency, duration and location of sessions, plus a home program. Reports are produced where they are needed, after your clinician confirms with you and your provider what the report is for. Case notes for every contact are completed within 24 hours.

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